

15089 Coastal Hwy, Milton, De 19968 (302) 645-5296

Lawn's Unlimited

Fax

To: Optimum Choice From: Lawns Unlimited, Ltd.
Jeanne Fleming
Fax: 888-360-7228 Pages: 2 (including cover page)
Phone: Date: 1-22-04
To: Enrollment Dept. CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

The Optimum Choice HMO medical and life insurance coverage for Renee Beauchemin-Butz needs to be terminated. Our alc # is 27302. Her social security # is Redacted. Her member # is C0398449*01. Her last day worked was 12-23-03. Please extend her insurance coverage through 12-31-03 if the insurance co. will allow.

Jeanne M. Fleming
Sec-Treas.

MAMSILIFE AND HEALTH
INSURANCE COMPANY

- ☐ New Enrollment
 ☐ Dependent Addition
 ☐ Re-Enrollment
☐ Address Change
 ☒ Disenroll
 ☐ Name Change
☐ Beneficiary Change
 ☐ Salary Change

For enrollment: Sections 1, 2, 3, 5 and 6 must be completed.

For disenrollment: Section 4 must be completed.

Effective Date

[P.O. Box 942 • Frederick, MD • 21705-0942]

1. MEMBER INFORMATION

Group Policy Number 27302	Social Security Number	Member Number C0398449*01	Birth Date
Name (Last) BEAUCHEMIN-BUTZ	(First) RENEE	(M) M	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Date Employed 9/4/2002 12/4/2002
Street Address or P.O. Box Number 2 CYMBAL COURT		Name of Employer LAWNS UNLIMITED, LTD.	
City NEWARK	State DE	ZIP 19702	Home Phone (302) 229-6853 Business Phone (302) 645-5296

2. EMPLOYEE and/or DEPENDENT COVERAGE INFORMATION (Dependents cannot be enrolled for coverage declined by Employee.)

Occupation	Class	Spouse's Name (Last) (First) (Middle)
Coverage offered is limited to that selected by employee. Employee's Earnings: \$ _____ (Do not include overtime or bonus) <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> Annual Employee Coverage Requested: <input type="checkbox"/> Basic Life and AD&D <input type="checkbox"/> Dental <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Weekly Disability <input type="checkbox"/> Other _____ Dependent Coverage Requested: Spouse & Child(ren) <input type="checkbox"/> Life <input type="checkbox"/> Dental Spouse only <input type="checkbox"/> Life <input type="checkbox"/> Dental Child(ren) only <input type="checkbox"/> Life <input type="checkbox"/> Dental	0	
	2	Date of Birth _____ Date of Marriage _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Social Security Number _____
	0	First Eligible Child's Name (Last) (First) (Middle) Date of Birth _____ Student over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female Social Security Number _____
	3	Second Eligible Child's Name (Last) (First) (Middle) Date of Birth _____ Student over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female Social Security Number _____
	0	Third Eligible Child's Name (Last) (First) (Middle) Date of Birth _____ Student over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female Social Security Number _____
	4	
	0	
	5	

3. BENEFICIARY DESIGNATION (Only if applying for Life Insurance.)

	Name	Relationship	% of Basic Life	% of Supplemental
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary				
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary				
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary				
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary				

4. DISENROLLMENT FOR EMPLOYEE AND/OR DEPENDENT

Name (Last) (First) (M)	Last Day of Coverage	Reason Code	Enter reason code(s) in box(es) at left.
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15089 Coastal Highway Milton, DE 19968
 (302) 645-5296 (302) 629-8873 (302) 678-5296
 FAX (302) 645-5276

Lawns Unlimited Ltd
 Lawn & Tree Health Care Specialists

Fax

To: Eric Howard From: Ed / Jeanne Fleming
 Fax: 856-7217 Pages: 2
 Phone: _____ Date: 1-8-04
 Re: _____ CC: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Attached, please find a final draft of
 the ^{letter} to Renee Beauchemin Butz. Please
 approve & ok for any liability
 reasons etc. Also we found out
 after talking to you that she did
 have her baby Dec. 30th. The
 ins. agent was all for us disenrolling
 her on Dec. 23rd until we told him she
 thought she was on maternity leave
 (unapproved, of course) then it gets into
 a gray area & they told us to call
 the labor dept. PLS. advise. Jeanne

D000847

January 7, 2004

Renée Beauchemin Butz
2 Cymbal Court
Newark, De 19702

Via Cert. w/ Return Receipt

RE: Leave of Absence

Dear Renée;

I am writing in regards to your sudden leave of absence wherein you indicated you would be on maternity leave for six (6) weeks. I have several concerns regarding this issue.

First ~~and foremost~~, you are well aware of our company policy that requires you to have prior written authorization signed by myself before any time off from your duties is permissible. For absences in excess of three (3) days, all employees are required to submit a request at least four (4) weeks prior to your intended date of leave. In accordance with the law, you must provide us with a written doctor's notice indicating that you require such time off. As of this date, you have not provided us with either of the above. ~~Your leave was premature since you left on December 23, 2003 and your baby was not born until December 30, 2003.~~

Our greater
My ~~final~~ concern is that you told fellow co-workers, whom are willing to testify, that you ~~are not~~ returning at all from your maternity leave. In fact you have sought employment elsewhere. At this point, I feel I must make a professional employment decision based on information that I have. I have determined that you have terminated your employment with Lawns Unlimited, effective December 23, 2003, when you left the premises cleaning out your desk and taking all of your belongings. *and apparently obtained*

Per conversation with our health insurance representative, your coverage disenrollment date is December 23, 2003. However, provided the insurance company will allow, Lawns Unlimited will extend your health insurance coverage through December 31, 2003. We will pay the premium for that extension on your behalf. I believe your main concern was covering the delivery of the baby. Having had your baby on December 30, 2003, this extension will allow those costs to be covered. Lawns Unlimited has now incurred a much higher premium as a result of your working for us for one (1) year and using the insurance to pay bills estimated to be in excess of \$23,000.00, then leaving the company. Lawns Unlimited has never been in the practice of denying benefits to any employee. However, it is our belief that an employee will do as they say and stay long term with our company. We are disappointed when we see an employee, such as yourself, take advantage of the benefits, hours and overtime, etc. that we offer and abuse those privileges.

We wish you well with your new baby. If you have any questions or concerns, please feel free to contact me.

Respectfully Submitted,

never have had any intention of

Edward Fleming



Lawn & Tree Health Care Specialists

15089 COASTAL HWY. MILTON, DE 19968

(302) 645-5296 (302) 629-8873 (302) 678-5296

FAX (302) 645-5276

January 7, 2004

Renée Beauchemin Butz
2 Cymbal Court
Newark, De 19702

Via Cert. w/ Return Receipt

RE: Leave of Absence

Dear Renée;

I am writing in regards to your sudden leave of absence wherein you indicated you would be on maternity leave for six (6) weeks. I have several concerns regarding this issue.

First, you are well aware of our company policy that requires you to have prior written authorization signed by myself before any time off from your duties is permissible. For absences in excess of three (3) days, all employees are required to submit a request at least four (4) weeks prior to your intended date of leave. In accordance with the law, you must provide us with a written doctor's notice indicating that you require such time off. As of this date, you have not provided us with either of the above.

Our greater concern is that you told fellow co-workers, whom are willing to testify, that you never had any intentions of returning at all from your maternity leave. In fact you have sought and apparently accepted employment elsewhere. At this point, I feel I must make a professional employment decision based on information that I have. I have determined that you have terminated your employment with Lawns Unlimited, effective December 23, 2003, when you left the premises cleaning out your desk and taking all of your belongings.

Per conversation with our health insurance representative, your coverage disenrollment date is December 23, 2003. However, provided the insurance company will allow, Lawns Unlimited will extend your health insurance coverage through December 31, 2003. We will pay the premium for that extension on your behalf. I believe your main concern was covering the delivery of the baby. Having had your baby on December 30, 2003, this extension will allow those costs to be covered. Lawns Unlimited has now incurred a much higher premium as a result of your working for us for one (1) year and using the insurance to pay bills estimated to be in excess of \$23,000.00, then leaving the company. Lawns Unlimited has never been in the practice of denying benefits to any employee. However, it is our belief that an employee will do as they say and stay long term with our company. We are disappointed when we see an employee, such as yourself, take advantage of the benefits, hours and overtime, etc. that we offer and abuse those privileges.

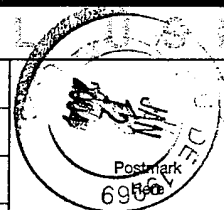
We wish you well with your new baby. If you have any questions or concerns, please feel free to contact me.

Respectfully Submitted,

Edward Fleming

OFFICIAL USE

Postage	\$	37
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.42



Sent To

RENEE BEAUCHEMIN BUTZ

Street, Apt. No.; or PO Box No.

2 CYMBAL COURT

City, State, ZIP+4

NEWARK, NJ

PS Form 3800, May 2000

See Reverse for Instructions

LAWNS UNLIMITED, LTD.
MILTON, DE (302) 645-5296

VACATION REQUEST FORM OR LEAVE REQUEST FORM

NAME: Debbie Watson DATE: 10-11-04

Type of Time off: PAID VACATION UNPAID LEAVE PAID LEAVE
(Please Circle One)

Start Date Off: 10/13/04 End Date Off: 10/13/04

Date Return to Work: 10/13/04

If Half Day, Please Give Time: :

Start Time: 8:30 Time Returning to Work: 12:00

Reason for Leave: Need to take my mother
to the Doctors. (appt in office - I will be in
late - should be here by
12:00 noon) Appt at 9:45a

This form is to be used for all paid vacations and paid/unpaid leave. Examples: Doctors appt., Green Cards, Personal Reasons, Funerals, Driver's License, etc. Please remember that leave for personal reasons and for appt.'s should be scheduled on OFF hours and not during working hours. Requests must be approved two (2) weeks prior to start date. For extended time of more than three (3) days you must have approval four (4) weeks prior to start time.

AUTHORIZED: YES NO
(Management will Circle One)

AUTHORIZED BY: James M. Fleming

DATE: 10/11/04

This is a Request Form. All vacations and leave requests must be authorized by Ed Fleming. Authorizations depends on time of year, particular jobs scheduled, and other employee requests for vacation or leave in the same time frame.

LAWNS UNLIMITED, LTD.
MILTON, DE (302) 645-5296

VACATION REQUEST FORM OR LEAVE REQUEST FORM

NAME: Debbie Watson DATE: 8-11-04
Type of Time off: PAID VACATION UNPAID LEAVE PAID LEAVE
(Please Circle One)

Start Date Off: 8/11/04 End Date Off: 8/11/04

Date Return to Work: 8/11/04

If Half Day, Please Give Time: 11:00 - 1:30

Start Time: 11:00 Time Returning to Work: 1:30

Reason for Leave: Daughter to DR.

This form is to be used for all paid vacations and paid/unpaid leave. Examples: Doctors appt., Green Cards, Personal Reasons, Funerals, Driver's License, etc. Please remember that leave for personal reasons and for appt.'s should be scheduled on OFF hours and not during working hours. Requests must be approved two (2) weeks prior to start date. For extended time of more that three (3) days you must have approval four (4) weeks prior to start time.

AUTHORIZED: YES NO
(Management will Circle One)

AUTHORIZED BY: Jeanne Fleming

DATE: 8/9/04

This is a Request Form. All vacations and leave requests must be authorized by Ed Fleming. Authorizations depends on time of year, particular jobs scheduled, and other employee requests for vacation or leave in the same time frame.

LAWNS UNLIMITED, LTD.
MILTON, DE (302) 645-5296

VACATION REQUEST FORM OR LEAVE REQUEST FORM

NAME: Debbie Watson DATE: 7-20-04
Type of Time off: PAID VACATION UNPAID LEAVE PAID LEAVE
(Please Circle One)

Start Date Off: 7/21/04 End Date Off: 7/21/04

Date Return to Work: 7/22/04

If Half Day, Please Give Time: 10:00 Leaving

Start Time: 10:00 Time Returning to Work: 7/22/04

Reason for Leave: Final Follow-up in Baltimore.

This form is to be used for all paid vacations and paid/unpaid leave. Examples: Doctors appt., Green Cards, Personal Reasons, Funerals, Driver's License, etc. Please remember that leave for personal reasons and for appt.'s should be scheduled on OFF hours and not during working hours. Requests must be approved two (2) weeks prior to start date. For extended time of more that three (3) days you must have approval four (4) weeks prior to start time.

AUTHORIZED: YES NO
(Management will Circle One)

AUTHORIZED BY: [Signature]

DATE: 7/21/04

This is a Request Form. All vacations and leave requests must be authorized by Ed Fleming. Authorizations depends on time of year, particular jobs scheduled, and other employee requests for vacation or leave in the same time frame.

LAWNS UNLIMITED, LTD.
MILTON, DE (302) 645-5296

VACATION REQUEST FORM OR LEAVE REQUEST FORM

NAME: Debbie Watson DATE: 4.27.04

Type of Time off: ☒ PAID VACATION ☐ UNPAID LEAVE ☐ PAID LEAVE
(Please Circle One)

Start Date Off: ____/____/____ End Date Off: ____/____/____

Date Return to Work: ____/____/____

If Half Day, Please Give Time: ____:

Start Time: ____:____ Time Returning to Work: ____:____

Reason for Leave:

Surgery - tentatively scheduled last week of
may. Will get specifics

This form is to be used for all paid vacations and paid/unpaid leave. Examples: Doctors appt., Green Cards, Personal Reasons, Funerals, Driver's License, etc. Please remember that leave for personal reasons and for appt.'s should be scheduled on OFF hours and not during working hours. Requests must be approved two (2) weeks prior to start date. For extended time of more than three (3) days you must have approval four (4) weeks prior to start time.

AUTHORIZED: ☒ YES ☐ NO
(Management will Circle One)

AUTHORIZED BY: Deanne Fleming

DATE: 5/25/04

This is a Request Form. All vacations and leave requests must be authorized by Ed Fleming. Authorizations depends on time of year, particular jobs scheduled, and other employee requests for vacation or leave in the same time frame.

LAWNS UNLIMITED, LTD.
MILTON, DE (302) 645-5296

VACATION REQUEST FORM OR LEAVE REQUEST FORM

NAME: Debbie Watson DATE: 4.28.04

Type of Time off: PAID VACATION UNPAID LEAVE PAID LEAVE
(Please Circle One)

Start Date Off: 4/28/04 End Date Off: 4/28/04

Date Return to Work: 4/29/04

If Half Day, Please Give Time: 1:30p ~~Need~~ to leave by.

Start Time: 1:45 Time Returning to Work: next day

Reason for Leave: must get MRI under sedation 2-2 1/2 hrs
required for test

This form is to be used for all paid vacations and paid/unpaid leave. Examples: Doctors appt., Green Cards, Personal Reasons, Funerals, Driver's License, etc. Please remember that leave for personal reasons and for appt.'s should be scheduled on OFF hours and not during working hours. Requests must be approved two (2) weeks prior to start date. For extended time of more that three (3) days you must have approval four (4) weeks prior to start time.

AUTHORIZED: (YES) NO
(Management will Circle One)

AUTHORIZED BY: [Signature]

DATE: 4/25/04

This is a Request Form. All vacations and leave requests must be authorized by Ed Fleming. Authorizations depends on time of year, particular jobs scheduled, and other employee requests for vacation or leave in the same time frame.

LAWNS UNLIMITED, LTD.
MILTON, DE (302) 645-5296

VACATION REQUEST FORM OR LEAVE REQUEST FORM

NAME: Dellie Watson DATE: 4.27.04

Type of Time off: PAID VACATION UNPAID LEAVE PAID LEAVE
(Please Circle One)

Start Date Off: 5/19/04 End Date Off: 5/20/04

Date Return to Work: 5/21/04

If Half Day, Please Give Time: _____

Start Time: _____ Time Returning to Work: _____

Reason for Leave:
Dr Appt on 5/19 - Daughter having surgery 5-20
Baltimore Christiane

This form is to be used for all paid vacations and paid/unpaid leave. Examples: Doctors appt., Green Cards, Personal Reasons, Funerals, Driver's License, etc. Please remember that leave for personal reasons and for appt.'s should be scheduled on OFF hours and not during working hours. Requests must be approved two (2) weeks prior to start date. For extended time of more that three (3) days you must have approval four (4) weeks prior to start time.

AUTHORIZED: YES NO
(Management will Circle One)

AUTHORIZED BY: J. Fleming

DATE: 4/23/04

This is a Request Form. All vacations and leave requests must be authorized by Ed Fleming. Authorizations depends on time of year, particular jobs scheduled, and other employee requests for vacation or leave in the same time frame.

LAWNS UNLIMITED, LTD.
MILTON, DE (302) 645-5296

**VACATION REQUEST FORM
OR
LEAVE REQUEST FORM**

NAME: D. Watson DATE: 3.16.04
Type of Time off: ☒ PAID VACATION ☐ UNPAID LEAVE ☐ PAID LEAVE
(Please Circle One)

Start Date Off: 4.16.04 End Date Off: 4.26.04
Date Return to Work: 4.27.04

If Half Day, Please Give Time: _____

Start Time: _____ Time Returning to Work: _____

Reason for Leave: Return to Baltimore (neck)

This form is to be used for all paid vacations and paid/unpaid leave. Examples: Doctors appt., Green Cards, Personal Reasons, Funerals, Driver's License, etc. Please remember that leave for personal reasons and for appt.'s should be scheduled on OFF hours and not during working hours. Requests must be approved two (2) weeks prior to start date. For extended time of more that three (3) days you must have approval four (4) weeks prior to start time.

AUTHORIZED: YES NO
(Management will Circle One)

AUTHORIZED BY: _____

DATE: ____/____/____

This is a Request Form. All vacations and leave requests must be authorized by Ed Fleming. Authorizations depends on time of year, particular jobs scheduled, and other employee requests for vacation or leave in the same time frame.

Renee Butz vs. Lawns Unlimited
March 2004

Two – Three Weeks prior to Renee leaving:

1. She went up stairs – phone call to previous employer re: new job.
 - a. Who will I be working with?
 - b. Came down – I confronted her. No she is not coming back
 - c. She told Jack and I she had no intentions of returning to work after the baby was born and she in fact had another job waiting for her in Wilmington.
- 2 Don't leave me stranded.
 - a. She typed daily, mthly, qtrly., yearly to do's.
3. New job has no insurance: Scott's co. has already got us on a plan \$1,200 month cost was a concern for her.
4. Many conversations at work (whispering because Ed was upstairs) and at home re: she is not coming back.
- 5 Taking 6 wks maternity Leave – after 4 weeks, giving 2 wks notice to put her into January. Entitled to Vacation pay, sick days, etc. Told me to make sure all of that was in her last pay check.
6. If Ed & Jeanne don't cooperate – She will sue them for pregnancy discrimination.
7. If anyone calls for Reference on her – give it to Jeanne or Ed. She is going to have people (friends) call and see what they say about her. They give bad ref. she will sue them w/ labor board.
8. Angry at Ed, not paying her overtime she worked and not letting her be the office manager like the title she was given. She said Ed always micro managed everything himself, so why have an office manager. Angry at Jeanne because she simply did not like her and hated her in the office at all.
9. She had already talked with a previous employee (Dina) of LU who is willing to testify J & Ed were unfair and hard to work for.
10. New Phone Number: she gave me her new home phone no. and told me not to give it to Jeanne or Ed. She was officially on maternity leave and legally they were not allowed to call and bother her. If they called her cell she would not answer. If I wanted to talk with her call her home and she would know it was me. I called and asked for help after she left and she never called me back.

Renee Butz vs. Lawns Unlimited
March 2004

11. Ed and Jeanne are forbidden to come to hospital to see baby. If they show up, Scott will have them removed and not let them in. Had the baby 12/30/03 and called LU and left message 1/5/04 @ 2:13 pm had baby 6lbs. 9 oz. 18" long she will e-mail pictures. No pictures. No chance to see baby.
12. Ed opened his home up to Renee and her family as a place to stay while she was in the hospital. Or, if we were to get snow and she did not want to travel to Wilmington (being pregnant). If he was such a bad person why would he do that for her????
13. Called my Celland home on the evening of 12/23 three times: I called her back – she was angry and said Ed called and fussed her out and Ed wanted her to come to work tomorrow and have a meeting to clear all of this up. She was not coming because she did not have to. She asked why I told them of her plans, I said, I was worried about my job with the company and it was not fair to anyone what she was doing. Our conversation ended shortly thereafter.
14. Keys: Upon leaving, Renee' said she should give me the keys back but if she does that Jeanne and Ed will know that she is planning not to come back. She will mail keys to me.

I, **DEBRA S. WATSON**, do hereby attest the above statements are true and accurate indications of the events that took place regarding Renee Butz and Lawns Unlimited. I will voluntarily take a lie detector test to confirm the accuracy of my statements.

Debra S. Watson

Lawns Unlimited, Ltd.**Pay Day Date**Pay Period **September 1, 2003 - September 30, 2003**

	TOTAL		
	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments			
Gross Pay			
Officer Salary			61,225.00
Paid Time Off-Salary	208.00		2,523.76
Performance Incentive			14,076.90
Salary	4,296.75		88,964.00
Hourly Rate 1	31,659.63		310,903.85
Hourly Rate 2	9,149.63		133,364.57
Vacation Hourly Rate	57.75		693.00
Bonus			433.14
Total Gross Pay			612,184.22
Deductions from Gross Pay			
Employee IRA			-18,992.25
Time Off			-32.55
Total Deductions from Gross Pay			-19,024.80
Adjusted Gross Pay			593,159.42
Taxes Withheld			
Federal Tax Withholding			-30,969.00
Medicare Employee			-8,778.68
Social Security Employee			-37,536.45
DE - Withholding			-12,457.34
DE Division of Child Support			-203.05
Total Taxes Withheld			-89,944.52
Deductions from Net Pay			
Medical Insurance			0.00
Wage Attachment			-40.00
Total Deductions from Net Pay			-40.00
Additions to Net Pay			
Employee Advance			-802.90
Total Additions to Net Pay			-802.90
Net Pay			<u>502,372.00</u>
Employer Taxes and Contributions			
Federal Unemployment			1,910.24
Medicare Company			8,778.68
Social Security Company			37,536.43
DE - Unemployment Company			866.00
401K			3,955.89
Performance Bonus			0.00
Total Employer Taxes and Contributions			<u>53,047.24</u>

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Alcaraz, Natividad			Alcaraz, Ricardo		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			0.00			0.00
Salary			0.00			0.00
Hourly Rate 1	533.19	10.00	5,331.90	1,377.61	9.00	11,760.88
Hourly Rate 2	111.08	15.00	1,666.20	393.08	13.50	5,101.45
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			6,998.10			16,862.33
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			6,998.10			16,862.33
Taxes Withheld						
Federal Tax Withholding			-216.00			-565.00
Medicare Employee			-101.47			-244.50
Social Security Employee			-433.88			-1,045.46
DE - Withholding			-78.63			-209.48
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-829.98			-2,064.44
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			6,168.12			14,797.89
Employer Taxes and Contributions						
Federal Unemployment			55.98			56.00
Medicare Company			101.47			244.50
Social Security Company			433.88			1,045.46
DE - Unemployment Company			20.99			25.50
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			612.32			1,371.46

Lawns Unlimited, Ltd.

Pay Day Date

Pay Period: January 1 thru December 31, 2003

	Alderucci, Dina M			Argueta Osorio, Juan		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			0.00			0.00
Salary			0.00			0.00
Hourly Rate 1	257.76	10.00	2,577.60	840	8.00	6,720.00
Hourly Rate 2	5.63	15.00	84.45	274.29	12.00	3,291.48
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			216.57
Total Gross Pay			<u>2,662.05</u>			<u>10,228.05</u>
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			<u>0.00</u>			<u>0.00</u>
Adjusted Gross Pay			2,662.05			10,228.05
Taxes Withheld						
Federal Tax Withholding			-212.00			-182.00
Medicare Employee			-38.60			-148.31
Social Security Employee			-165.05			-634.14
DE - Withholding			-53.39			-91.54
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			<u>-469.04</u>			<u>-1,055.99</u>
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			<u>0.00</u>			<u>0.00</u>
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			<u>0.00</u>			<u>0.00</u>
Net Pay			<u><u>2,193.01</u></u>			<u><u>9,172.06</u></u>
Employer Taxes and Contributions						
Federal Unemployment			21.30			56.00
Medicare Company			38.60			148.31
Social Security Company			165.05			634.14
DE - Unemployment Company			7.99			25.50
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			<u><u>232.94</u></u>			<u><u>863.95</u></u>

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Avila, Samuel A			Butz, Renee M		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			0.00			0.00
Salary			0.00			0.00
Hourly Rate 1	825.47	8.00	6,603.76	2,020.53	12.00	24,246.36
Hourly Rate 2	232.46	12.00	2,789.52	203.37	18.00	3,660.66
Vacation Hourly Rate			0.00	33.75	12.00	405.00
Bonus			216.57			0.00
Total Gross Pay			9,609.85			28,312.02
Deductions from Gross Pay						
Employee IRA			0.00			-1,250.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			-1,250.00
Adjusted Gross Pay			9,609.85			27,062.02
Taxes Withheld						
Federal Tax Withholding			-69.00			-3,027.00
Medicare Employee			-139.34			-410.52
Social Security Employee			-595.81			-1,755.35
DE - Withholding			-43.29			-896.87
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-847.44			-6,089.74
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			8,762.41			20,972.28
Employer Taxes and Contributions						
Federal Unemployment			56.00			56.00
Medicare Company			139.34			410.52
Social Security Company			595.81			1,755.35
DE - Unemployment Company			25.50			25.50
401K			0.00			819.14
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			816.65			3,066.51

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Camper, John M			Cantu, Cesar A		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			0.00			1,624.26
Salary			0.00			0.00
Hourly Rate 1	37.8	7.50	283.50	1,988.67	12.00	23,266.05
Hourly Rate 2		11.25	0.00	469.65	18.00	8,315.04
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			<u>283.50</u>			<u>33,205.35</u>
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			<u>0.00</u>			<u>0.00</u>
Adjusted Gross Pay			283.50			33,205.35
Taxes Withheld						
Federal Tax Withholding			-50.00			-1,285.00
Medicare Employee			-4.11			-481.48
Social Security Employee			-17.58			-2,058.74
DE - Withholding			-20.10			-583.90
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			<u>-91.79</u>			<u>-4,409.12</u>
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			<u>0.00</u>			<u>0.00</u>
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			<u>0.00</u>			<u>0.00</u>
Net Pay			<u><u>191.71</u></u>			<u><u>28,796.23</u></u>
Employer Taxes and Contributions						
Federal Unemployment			2.27			56.00
Medicare Company			4.11			481.48
Social Security Company			17.58			2,058.73
DE - Unemployment Company			0.85			25.50
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			<u><u>24.81</u></u>			<u><u>2,621.71</u></u>

Lawns Unlimited, Ltd.

Pay Day Date

Pay Period: January 1 thru December 31, 2003

	Chable Garcia, Miguel			Dominguez, Pablo		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			216.57			0.00
Salary			0.00			0.00
Hourly Rate 1	988.23	9.00	8,454.07	693.23	8.00	5,439.23
Hourly Rate 2	368.83	13.50	4,718.71	352.57	12.00	4,121.63
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			13,389.35			9,560.86
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			13,389.35			9,560.86
Taxes Withheld						
Federal Tax Withholding			-33.00			-88.00
Medicare Employee			-194.15			-138.63
Social Security Employee			-830.14			-592.77
DE - Withholding			-38.38			-59.04
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-1,095.67			-878.44
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			12,293.68			8,682.42
Employer Taxes and Contributions						
Federal Unemployment			56.00			56.00
Medicare Company			194.15			138.63
Social Security Company			830.14			592.77
DE - Unemployment Company			25.50			25.50
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			1,105.79			812.90

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Fleming, Brenna M.			Fleming, Edward W.		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			52,000.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			0.00			0.00
Salary			10,400.00			0.00
Hourly Rate 1		6.15	0.00			0.00
Hourly Rate 2			0.00			0.00
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			10,400.00			52,000.00
Deductions from Gross Pay						
Employee IRA			0.00			-7,942.25
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			-7,942.25
Adjusted Gross Pay			10,400.00			44,057.75
Taxes Withheld						
Federal Tax Withholding			-323.50			-2,543.00
Medicare Employee			-150.80			-754.00
Social Security Employee			-644.80			-3,224.00
DE - Withholding			-62.00			-2,575.20
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-1,181.10			-9,096.20
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			9,218.90			34,961.55
Employer Taxes and Contributions						
Federal Unemployment			56.00			56.00
Medicare Company			150.80			754.00
Social Security Company			644.80			3,224.00
DE - Unemployment Company			25.50			25.50
401K			0.00			1,560.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			877.10			5,619.50

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Fleming, Hailey M			Fleming, Jeanne M.		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			9,225.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			0.00			0.00
Salary			10,400.00			0.00
Hourly Rate 1		6.15	0.00			0.00
Hourly Rate 2			0.00			0.00
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			10,400.00			9,225.00
Deductions from Gross Pay						
Employee IRA			0.00			-8,500.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			-8,500.00
Adjusted Gross Pay			10,400.00			725.00
Taxes Withheld						
Federal Tax Withholding			-318.50			0.00
Medicare Employee			-150.80			-133.76
Social Security Employee			-644.80			-571.95
DE - Withholding			-62.00			0.00
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-1,176.10			-705.71
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			9,223.90			19.29
Employer Taxes and Contributions						
Federal Unemployment			56.00			56.00
Medicare Company			150.80			133.76
Social Security Company			644.80			571.95
DE - Unemployment Company			25.50			25.50
401K			0.00			276.75
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			877.10			1,063.96

Lawns Unlimited, Ltd.

Pay Day Date

Pay Period: January 1 thru December 31, 2003

	Fleming, Kelsey M.			Fleming, Shane E		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			0.00			0.00
Salary			2,400.00			2,400.00
Hourly Rate 1	8.47	7.00	59.29	12.00		0.00
Hourly Rate 2		10.50	0.00	18.00		0.00
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			2,459.29			2,400.00
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			2,459.29			2,400.00
Taxes Withheld						
Federal Tax Withholding			-269.50			-412.00
Medicare Employee			-35.66			-34.80
Social Security Employee			-152.48			-148.80
DE - Withholding			-54.00			-92.50
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-511.64			-688.10
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			<u>1,947.65</u>			<u>1,711.90</u>
Employer Taxes and Contributions						
Federal Unemployment			19.67			19.20
Medicare Company			35.66			34.80
Social Security Company			152.48			148.80
DE - Unemployment Company			7.38			7.20
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			<u>215.19</u>			<u>210.00</u>

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Fleming, Tobin J			Gonzalez, Roberto		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			0.00			0.00
Salary			5,400.00			0.00
Hourly Rate 1			0.00	700.42	10.50	6,699.90
Hourly Rate 2			0.00	152.74	15.75	2,214.78
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			<u>5,400.00</u>			<u>8,914.68</u>
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			<u>0.00</u>			<u>0.00</u>
Adjusted Gross Pay			5,400.00			8,914.68
Taxes Withheld						
Federal Tax Withholding			0.00			-119.00
Medicare Employee			-78.30			-129.26
Social Security Employee			-334.80			-552.71
DE - Withholding			0.00			-51.64
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			<u>-413.10</u>			<u>-852.61</u>
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			<u>0.00</u>			<u>0.00</u>
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			<u>0.00</u>			<u>0.00</u>
Net Pay			<u><u>4,986.90</u></u>			<u><u>8,062.07</u></u>
Employer Taxes and Contributions						
Federal Unemployment			43.20			56.00
Medicare Company			78.30			129.26
Social Security Company			334.80			552.71
DE - Unemployment Company			16.20			25.50
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			<u><u>472.50</u></u>			<u><u>763.47</u></u>

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Harrigan-Ferro, Kyle J			Hernandez, Cesar A		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			0.00			0.00
Salary			0.00			0.00
Hourly Rate 1	189.82	10.00	1,898.20	200	7.00	1,400.00
Hourly Rate 2	30.61	15.00	459.15	24.32	10.50	255.37
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			2,357.35			1,655.37
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			2,357.35			1,655.37
Taxes Withheld						
Federal Tax Withholding			-221.00			-118.00
Medicare Employee			-34.18			-24.00
Social Security Employee			-146.16			-102.63
DE - Withholding			-57.99			-28.58
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-459.33			-273.21
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			1,898.02			1,382.16
Employer Taxes and Contributions						
Federal Unemployment			18.86			13.24
Medicare Company			34.18			24.00
Social Security Company			146.16			102.63
DE - Unemployment Company			7.07			4.97
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			206.27			144.84

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Lopez-Rivas, David			Martinez, Victor		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			0.00			0.00
Salary			0.00			0.00
Hourly Rate 1	626.07	8.50	5,321.60	755.99	8.50	6,247.92
Hourly Rate 2	222.34	12.75	2,834.85	390.32	12.75	4,827.92
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			8,156.45			11,075.84
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			8,156.45			11,075.84
Taxes Withheld						
Federal Tax Withholding			-34.00			-134.00
Medicare Employee			-118.27			-160.60
Social Security Employee			-505.70			-686.70
DE - Withholding			-31.10			-91.27
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-689.07			-1,072.57
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			7,467.38			10,003.27
Employer Taxes and Contributions						
Federal Unemployment			56.00			56.00
Medicare Company			118.27			160.60
Social Security Company			505.70			686.70
DE - Unemployment Company			24.47			25.50
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			704.44			928.80

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Miranda, Mauricio M.			Morrison, Brian W		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary	104		1,330.65			0.00
Performance Incentive			8,121.29			0.00
Salary	2,106.23		30,875.17			0.00
Hourly Rate 1	300.83	15.50	4,439.35	175.57	9.00	1,580.13
Hourly Rate 2	395.5	23.25	8,958.28	76.55	13.50	1,033.43
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			53,724.74			2,613.56
Deductions from Gross Pay						
Employee IRA			-1,300.00			0.00
Time Off			-32.55			0.00
Total Deductions from Gross Pay			-1,332.55			0.00
Adjusted Gross Pay			52,392.19			2,613.56
Taxes Withheld						
Federal Tax Withholding			-7,460.00			-282.00
Medicare Employee			-778.54			-37.90
Social Security Employee			-3,328.93			-162.04
DE - Withholding			-1,890.30			-85.21
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-13,457.77			-567.15
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			38,934.42			2,046.41
Employer Taxes and Contributions						
Federal Unemployment			56.00			20.91
Medicare Company			778.54			37.90
Social Security Company			3,328.92			162.04
DE - Unemployment Company			25.50			7.84
401K			1,300.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			5,488.96			228.69

Lawns Unlimited, Ltd.
Pay Day Date
Pay Period: January 1 thru December 31, 2003

	Odyniec, Tomasz P			Olszewski, Tomasz		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			0.00			0.00
Salary			0.00			0.00
Hourly Rate 1	80	7.00	560.00	493.48	8.00	3,587.84
Hourly Rate 2	28.15	10.50	295.58	210.48	12.00	2,282.17
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			855.58			5,870.01
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			855.58			5,870.01
Taxes Withheld						
Federal Tax Withholding			-99.00			-681.00
Medicare Employee			0.00			0.00
Social Security Employee			0.00			0.00
DE - Withholding			-26.64			-184.13
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-125.64			-865.13
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			729.94			5,004.88
Employer Taxes and Contributions						
Federal Unemployment			0.00			0.00
Medicare Company			0.00			0.00
Social Security Company			0.00			0.00
DE - Unemployment Company			2.57			17.61
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			2.57			17.61

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Pettyjohn, Craig T			Ramirez-Castaneda, Raul		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			0.00			379.00
Salary			0.00			0.00
Hourly Rate 1	316.61	7.50	2,347.83	1,119.08	10.50	11,750.35
Hourly Rate 2		11.25	0.00	279.28	15.75	4,398.68
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			2,347.83			16,528.03
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			2,347.83			16,528.03
Taxes Withheld						
Federal Tax Withholding			-135.00			-1,358.00
Medicare Employee			-34.04			-239.66
Social Security Employee			-145.57			-1,024.74
DE - Withholding			-15.34			-479.60
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-329.95			-3,102.00
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			2,017.88			13,426.03
Employer Taxes and Contributions						
Federal Unemployment			18.78			56.00
Medicare Company			34.04			239.66
Social Security Company			145.57			1,024.74
DE - Unemployment Company			7.04			25.50
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			205.43			1,345.90

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Ramirez Jr., Juan G			Ridgell, Richard W		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			216.57			0.00
Salary			0.00			0.00
Hourly Rate 1	1,573.65	7.75	11,937.38	1,793.23	9.00	14,633.78
Hourly Rate 2	538.75	11.63	6,113.11	34.4	13.50	413.13
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			18,267.06			15,046.91
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			18,267.06			15,046.91
Taxes Withheld						
Federal Tax Withholding			-315.00			-787.00
Medicare Employee			-264.87			-218.18
Social Security Employee			-1,132.56			-932.91
DE - Withholding			-144.55			-438.14
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-1,856.98			-2,376.23
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			<u><u>16,410.08</u></u>			<u><u>12,670.68</u></u>
Employer Taxes and Contributions						
Federal Unemployment			56.00			56.00
Medicare Company			264.87			218.18
Social Security Company			1,132.56			932.91
DE - Unemployment Company			25.50			25.50
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			<u><u>1,478.93</u></u>			<u><u>1,232.59</u></u>

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Sanchez, Hugo A.			Santay, Antonio A		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary	104		1,193.11			0.00
Performance Incentive			1,624.25			541.42
Salary	2,090.52		26,067.09			0.00
Hourly Rate 1	267.13	13.00	3,375.14	1,996.44	12.00	22,812.10
Hourly Rate 2	376.72	19.50	7,219.58	724.47	18.00	12,704.91
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			39,479.17			36,058.43
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			39,479.17			36,058.43
Taxes Withheld						
Federal Tax Withholding			-2,223.00			-1,561.00
Medicare Employee			-572.45			-522.85
Social Security Employee			-2,447.71			-2,235.62
DE - Withholding			-1,004.37			-727.39
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-6,247.53			-5,046.86
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			<u>33,231.64</u>			<u>31,011.57</u>
Employer Taxes and Contributions						
Federal Unemployment			56.00			56.00
Medicare Company			572.45			522.85
Social Security Company			2,447.71			2,235.62
DE - Unemployment Company			25.50			25.50
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			<u>3,101.66</u>			<u>2,839.97</u>

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Schatz, Laurie L			Shaffer, Nicolas J		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			0.00			0.00
Salary			0.00			0.00
Hourly Rate 1	920.94	12.00	10,313.04	19.48	9.00	175.32
Hourly Rate 2	54.21	18.00	877.98		13.50	0.00
Vacation Hourly Rate	24	12.00	288.00			0.00
Bonus			0.00			0.00
Total Gross Pay			11,479.02			175.32
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			11,479.02			175.32
Taxes Withheld						
Federal Tax Withholding			-885.00			0.00
Medicare Employee			-166.45			-2.54
Social Security Employee			-711.70			-10.87
DE - Withholding			-254.75			0.00
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-2,017.90			-13.41
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			9,461.12			161.91
Employer Taxes and Contributions						
Federal Unemployment			56.00			1.40
Medicare Company			166.45			2.54
Social Security Company			711.70			10.87
DE - Unemployment Company			25.50			0.53
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			959.65			15.34

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Sierra-Cruz -WRONG ONE, Jose N			Solis, Jr., Octaviano		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			0.00			0.00
Salary			0.00			0.00
Hourly Rate 1	1,199.58	8.50	9,876.43	131.33	9.00	1,181.97
Hourly Rate 2	548.3	12.75	6,745.65	27.17	13.50	366.80
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			16,622.08			1,548.77
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			16,622.08			1,548.77
Taxes Withheld						
Federal Tax Withholding			-343.00			-3.00
Medicare Employee			-241.02			-22.46
Social Security Employee			-1,030.57			-96.02
DE - Withholding			-191.20			-5.08
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-1,805.79			-126.56
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			-802.90			0.00
Total Additions to Net Pay			-802.90			0.00
Net Pay			14,013.39			1,422.21
Employer Taxes and Contributions						
Federal Unemployment			56.00			12.39
Medicare Company			241.02			22.46
Social Security Company			1,030.57			96.02
DE - Unemployment Company			25.50			4.65
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			1,353.09			135.52

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Suarez, Ruben R			Talley, Kenneth R.		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			216.56			0.00
Salary			0.00			0.00
Hourly Rate 1	1,347.69	8.50	11,135.38	15.00		0.00
Hourly Rate 2	520.49	12.75	6,412.93	22.50		0.00
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			17,764.87			0.00
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			17,764.87			0.00
Taxes Withheld						
Federal Tax Withholding			-453.00			0.00
Medicare Employee			-257.59			0.00
Social Security Employee			-1,101.42			0.00
DE - Withholding			-201.97			0.00
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-2,013.98			0.00
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			15,750.89			0.00
Employer Taxes and Contributions						
Federal Unemployment			56.00			0.00
Medicare Company			257.59			0.00
Social Security Company			1,101.42			0.00
DE - Unemployment Company			25.50			0.00
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			1,440.51			0.00

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Taulbee, Billie A			Taylor, Martin E		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			379.00			0.00
Salary	100		1,021.74			0.00
Hourly Rate 1	1,266.68	13.00	16,186.84	91.52	14.50	1,327.04
Hourly Rate 2	250.31	19.50	4,769.66	41.25	21.75	897.19
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			22,357.24			2,224.23
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			22,357.24			2,224.23
Taxes Withheld						
Federal Tax Withholding			-933.00			-397.00
Medicare Employee			-324.18			-32.25
Social Security Employee			-1,386.15			-137.90
DE - Withholding			-445.31			-92.37
DE Division of Child Support			0.00			-203.05
Total Taxes Withheld			-3,088.64			-862.57
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			-40.00
Total Deductions from Net Pay			0.00			-40.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			19,268.60			1,321.66
Employer Taxes and Contributions						
Federal Unemployment			56.00			17.79
Medicare Company			324.18			32.25
Social Security Company			1,386.15			137.90
DE - Unemployment Company			25.50			6.67
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			1,791.83			194.61

Lawns Unlimited, Ltd.
Pay Day Date
Pay Period: January 1 thru December 31, 2003

	Triplett, Bruce A			Vazquez, Fabian		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			0.00			216.56
Salary			0.00			0.00
Hourly Rate 1	1,105.56	12.00	13,266.72	1,336.53	12.00	14,760.60
Hourly Rate 2	5.8	18.00	104.40	474.51	18.00	7,719.99
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			13,371.12			22,697.15
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			13,371.12			22,697.15
Taxes Withheld						
Federal Tax Withholding			-711.00			-806.00
Medicare Employee			-193.88			-329.11
Social Security Employee			-829.01			-1,407.22
DE - Withholding			-202.08			-406.33
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-1,935.97			-2,948.66
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			<u>11,435.15</u>			<u>19,748.49</u>
Employer Taxes and Contributions						
Federal Unemployment			56.00			56.00
Medicare Company			193.88			329.11
Social Security Company			829.01			1,407.22
DE - Unemployment Company			25.50			25.50
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			<u>1,104.39</u>			<u>1,817.83</u>

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Vazquez, Gregorio D.			Vazquez, Juan D		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			216.57			216.57
Salary			0.00			0.00
Hourly Rate 1	1,474.63	9.00	12,493.71	1,471.98	10.00	13,739.80
Hourly Rate 2	537.29	13.50	6,721.51	791.66	15.00	10,942.63
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			19,431.79			24,899.00
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			19,431.79			24,899.00
Taxes Withheld						
Federal Tax Withholding			-87.00			-455.00
Medicare Employee			-281.76			-361.04
Social Security Employee			-1,204.77			-1,543.74
DE - Withholding			-78.13			-312.14
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-1,651.66			-2,671.92
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			17,780.13			22,227.08
Employer Taxes and Contributions						
Federal Unemployment			56.00			56.00
Medicare Company			281.76			361.04
Social Security Company			1,204.77			1,543.74
DE - Unemployment Company			25.50			25.50
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			1,568.03			1,986.28

Lawns Unlimited, Ltd.**Pay Day Date**

Pay Period: January 1 thru December 31, 2003

	Watson, Debra S			Westog, John T		
	Hours	Rate	Jan - Dec 03	Hours	Rate	Jan - Dec 03
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Performance Incentive			108.28			0.00
Salary			0.00			0.00
Hourly Rate 1	250.16	10.00	2,501.60	884.27	12.00	10,611.24
Hourly Rate 2	3.05	15.00	45.75		18.00	0.00
Vacation Hourly Rate			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			2,655.63			10,611.24
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			2,655.63			10,611.24
Taxes Withheld						
Federal Tax Withholding			-92.50			-683.00
Medicare Employee			-38.51			-153.86
Social Security Employee			-164.65			-657.90
DE - Withholding			-28.70			-62.71
DE Division of Child Support			0.00			0.00
Total Taxes Withheld			-324.36			-1,557.47
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Wage Attachment			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			2,331.27			9,053.77
Employer Taxes and Contributions						
Federal Unemployment			21.25			56.00
Medicare Company			38.51			153.86
Social Security Company			164.65			657.90
DE - Unemployment Company			7.97			25.50
401K			0.00			0.00
Performance Bonus			0.00			0.00
Total Employer Taxes and Contributions			232.38			893.26

RETURN TO WORK OR SCHOOL

BAYSIDE HEALTH ASSOCIATION

.....(302) 645-4700

.....(302) 856-3597

.....(302) 537-5395

Date 12/29/03

This is to certify that

Steph Beauchemin

has been under my care for the following:

Pregnancy

and is able to return to work
school on _____

Remarks: Please excuse from
work 12/29/03 and 12/30/03.

J. Berler M.D. / N.S., L.P.N.
(SIGNATURE)

Daily Tasks

Recap
Accounts Receivable (Cash Deposits)
Age Accounts Receivable
Accounts Payable (Entering Invoices)
Call Log (Check personal messages and resolve them)
In Box (Handle any outstanding items)
Production (Post production once Ed signs off on them)
Check phone messages
Back up of programs

Weekly Tasks

Accounts Receivable Statements (Wednesday)
Accounts Payable Checks
Update Anti-Virus, Real Green, Quick Books, and Windows
Cancel Files (Estimates that have not been accepted by Customers)
Soil Samples (Mail Active Customers' soil samples)

Semi-Weekly Tasks

Payroll
Payroll Taxes (941 and DE Withholding)

Monthly Tasks

<u>Tasks</u>	<u>Due Date</u>
IRA Contribution	15th
Gross Receipts	20th
Petty Cash Check	
Ed's Reimbursement Check	
Real Green Exporting to Quick Books	
Bank Reconciliation	
Profit & Loss Report (Give to Jeanne)	
Balance Sheet (Give to Jeanne)	
Collection Calling (A/R Report)	
Accounts Payable Report (Give to Jeanne)	

Quarterly Tasks

<u>Tasks</u>	<u>Due Date</u>
940	30th
941	30th
DE Unemployment	30th
MD Withholding	30th

Semi-Yearly

<u>Tasks</u>	<u>Due Date</u>
MD Sales Tax	30th

Yearly Tasks

<u>Tasks</u>	<u>Due Date</u>
DE Estimated Tax	31st
DE Withholding (Final)	March 1st
Federal Estimated Tax	?
Franchise Tax (DE Secretary of State)	?
1099 Forms	
W2	
Prepay Letters	
Snow Contracts	
Irrigation Prepay	
Lime Letters	
Updgate Barter Accounts	
Year End Adjustments	

Renée - office manager had a meeting with all employees - stating these
Agenda for Employee Meeting *policies & procedures*

Teamwork and Customer Service is #1 in 2003

I. Teamwork

A. Learning stage

- New Computer System
 - Routing is being changed – different area everyday
 - New appearance on Invoices and Work Orders
 - **Service Calls** is a new feature
- New Staff
 - Still learning the job and business
 - Internal changes – policies/procedures

B. Respect and honesty

- Tools and Supplies
 - If you use it – put it back in the correct location
 - If something breaks – immediately advise
 - If you see supplies running low – advise
- Need help?
 - Ask
 - Do **not** steal
- Be **honest**. Treat people how you want to be treated.

C. Improvements

- If you have an idea or suggestion – little or big
 - Always open to hear them from **anyone**
 - Write them down and/or tell Renée or Laurie
 - Complaining does not get results. Ideas Do!

II. Paychecks

A. Time based on **hundreds** of a minute

B. Hours incorrect

- Did you calculate in hundreds?
- Bring to **Ed's** attention-bring copy of hours with you

III. Daily Worksheets

A. Name and Date filled out at the top

B. Customer Name and Account number

- Beebe Lewes is not sufficient (there is 4 Beebe's in Lewes)

C. Work performed – state if work has been Completed or Not

D. Materials – **include all materials used if its been completed or not**

E. Time In and Out per Job/Customer

F. Lunch – must include Time In and Out

G. Hours – must include Time In and Out for the day

H. Turn in at the end of the day

IV. Invoices

- A. Must have an Invoice per Customer per Job
 - Bring to Renée or Laurie's attention right away – we will print one out for you.
 - Out in the field? Radio or call us – we will give you account number and Customer's name. We will put the Invoice in your box.
- B. Read directions **always**
 - Rounds could change from whole lawn to front lawn
 - If it does not state area – it will be **whole lawn**
- C. If you think Invoice is **wrong**
 - STOP – do not continue doing job
 - CALL office – advise us of any facts you know
- D. Turn in **all** Invoices at the end of day – complete or incomplete

V. Purchase Orders/Returns

- A. Name of Vendor/Supplier
- B. Date
- C. Quantity and Product name
- D. What is it for?
 - **Always** include the Name and Year of the Truck/Equipment that the PO is for (multiple equipment can be on one PO)
 - If you do not know – ask someone
- E. Price

VI. Radio

- A. Make sure radio is on Georgetown 1
- B. Ask for **Office** before Ed – 9 out of 10 times, we can help you
- C. Page **2 or 3** times – we could be on the phone or away from our desks to hear the first time
- D. **Always** be professional on the radio – Customers could be in the office and could hear you

VII. Tardiness

- A. Call if you are going to be late – reason must be **acceptable**
 - After 5 minutes – will be considered late
- B. No call
 - First time – written warning
 - Second time – probation
 - Third time – termination

VII. Absence

- A. Approved Time Off
 - Fill out **Request Vacation** form for approval
 - This form can be used for doctor, dentist, vacation, etc
- B. No Show and No Call
 - First time – written warning
 - Second time – probation
 - Third time – termination

DAILY WORK SHEET

DAY: FridayEMPLOYEE: ReneeDATE: 2-21-03

JOB NAME	IN	OUT	JOB SERVICE/MATERIALS USED*	QTY**	STATUS***
Shop	8:00	8:30	Clean office, file, work on 853 bobcat		
Beebe - 424 Savannah	8:40	10:00	Snow Removal	12"	
			Ice Removal	10 bags	
Beebe Home Health - 8750	10:15	11:00	Snow Removal	10"	
			Ice Removal	8 bags	
Renee Beauchemin - 11895	11:30	12:00	R5 Mix 2		
Laurie Schatz - 12119	12:30	12:45	Lime	5 bags	
Lunch	12:45	1:48			
Bob Rogers - 11139	1:52	2:30	Mow, Edged sidewalks, Trim		
Personal Break	2:30	4:00	Doctors		
Beebe - Vision 2000	4:15		OTS	3 gal	
Beebe - Diaylsis Building		5:00	OTS	4 gal	
Shop	5:10	5:35	Unload equipment, Clean equipment		
****You should always have a Customer Number except with Snow Removal and Ice Removal.					
In these cases, please list all Beebe's Building that you work on or address. Beebe-Lewes is not good enough for billing purposes. **** Address is helpful to bill right building and/or Customer.					
Examples other services:					
Bernard Smith 5302	6:00	7:00	Service Call: Irrigation Repair		
			Fixed 1806 Material: 1 1806, wire		
Billy Smith 5372	7:15	12:00	Irrigation Installation	Not complete	
			Materials: wire, 8 1806 heads, 3 pipes,		
			5 fittings,		

* DESCRIPTION OF WORK PERFORMED: i.e. SEEDING, SODDING, IRRIGATION, IRR REPAIR, MOWING, WEED EATING, SPRAYING, TOI/TFI, EDGING BEDS, TRIMMING, MULCHING, LIMING, AERATION, PLANTING, LEAF BLOWING, ICE MELT, TOPSOIL DELIVERED, ETC.

* MATERIALS USED-LIST ALL MATERIALS USED: i.e. MULCH, LIME, SEED, CHEMICALS, IRRIGATION PARTS, FERTILIZER, SOD, ETC.

** QTY-BAGS OR GALLONS USED: i.e. BAGS OF MULCH, IRRIGATION PARTS, POUNDS OF SEED, GALLONS OF CHEMICALS OR FERTILIZER, ETC.

***STATUS-NOTE IF JOB WAS COMPLETED OR NOT COMPLETED

List of Beebe Buildings

Lewes Buildings:

Beebe-Corporate Affairs	7894.0
Beebe-Main Parking Lot	11797.0
Beebe-Vision 2000	5959.0
Beebe Lewes Home Health	8750.0
Beebe-Convalescent Center	12099.0
Beebe Medical Center	1035.0
Beebe Lewes Professional Building	7895.0
Beebe-406 Market (424 Savannah)	8742.0
Beebe-Finance Building	8243.0
Beebe-Foundation House	3066.0
Beebe-Taub House	6386.0

Milton Buildings:

Beebe-Peach Tree	6864.0
Beebe Milton Health Center	6247.0

Georgetown Buildings:

Beebe Georgetown Health Center	1653.0
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Rehoboth Buildings:

Beebe Gull House	2515.0
Beebe Rehoboth Health Campus	12121.0
Beebe Rehoboth Medical Center	1482.0

Millsboro Buildings:

Beebe Long Neck	7168.0
Beebe Millsboro Medical Center	5665.0
Beebe Millsboro Office Suites	12062.0
Beebe Millsboro Professional Building	1652.0

Millville Buildings:

Beebe Millville Health Center	2953.0
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163052

PURCHASE ORDER

TO Burke Equipment		DATE 2-21-03	
ADDRESS		DATE REQUIRED	
CITY, STATE, ZIP		TERMS	
SHIP TO		HOW SHIPPED	
ADDRESS		REQ. NO. OR DEPT.	
CITY, STATE, ZIP		FOR	

QUANTITY	DESCRIPTION	PRICE	UNIT
1	1	Element Kit	15 03
2			
3		For 853 Bobcat	
4			
5			
6			
7			
8			
9			
10			
11			
12			

IMPORTANT PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES-PACKAGES, ETC. PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO COMPLETE ORDER BY DATE SPECIFIED.	PLEASE SEND _____ COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING. PURCHASING AGENT
--	---

adams 5831

ORIGINAL

LAWNS UNLIMITED, LTD.
Milton, DE 302-645-5296

VACATION REQUEST FORM OR LEAVE REQUEST FORM

Name: Renee Beauchemin Date: 3-19-03

Type of Time off: PAID VACATION UNPAID LEAVE PAID LEAVE
(please circle)

Start Date Off: 3/20/03 End Date Off: / /

Return to Work: 3/20/03

If half day, please give time:

Start Time Off: 10:00 am End Time Off: 11:30 am?

Reason for leave: doctors appointment (OBGYN)

THIS FORM IS TO BE USED FOR ALL PAID VACATION AND PAID/UNPAID LEAVE. EXAMPLES: DOCTORS APPOINTMENTS, GREEN CARDS, PERSONAL REASONS, FUNERALS, DRIVER'S LICENSE, ETC. PLEASE REMEMBER THAT LEAVE FOR PERSONAL REASONS AND FOR APPOINTMENTS SHOULD BE SCHEDULED ON OFF HOURS NOT DURING WORKING HOURS. REQUESTS MUST BE APPROVED 2 WEEKS PRIOR TO START DATE. FOR EXTENDED TIME OF MORE THAN 3 DAYS YOU MUST HAVE APPROVAL 4 WEEKS PRIOR TO START TIME.

Authorized: YES NO
(Circle One)

Authorized by: Ed Fleming
Date: 3/19/03

This is a Request Form. All vacation and leave requests must be authorized by Ed Fleming. Authorization depends on time of year, particular jobs scheduled, and other employee request for vacation or leave in the same time frame.

FAX COVER SHEET



Lawn & Tree Health Care Specialists

R.R. 4 BOX 275-1 MILTON, DE 19968

(302) 645-5296 (302) 629-8873 (302) 678-5296

FAX (302) 645-5276

please call

SEND TO Company name Stacey Optimum Choice	From Jeanne Fleming - Lawns Unlimited
Attention Enrollment Dept.	Date 11-4-02
Office location	Office location
Fax number 1-888-360-7228 301-360-8917	Phone number

☒ Urgent☐ Reply ASAP☐ Please comment☐ Please review☐ For your information

Total pages, including cover:

4

COMMENTS

Attached, please find enrollment forms for a new employee for medical and life insurance effective 11-4-02

Thank-you,
Jeanne Fleming



Lawn & Tree Health Care Specialists

15089 COASTAL HWY. MILTON, DE 19968

(302) 645-5296 (302) 629-8873 (302) 678-5296

FAX (302) 645-5276

November 4, 2002

Enrollment Department
Optimum Choice

I am requesting to waive our waiting period on a new key employee, Renee Beauchemin who is our new office manager. Her start date is today, November 4, 2002. I am requesting an immediate effective date of today, November 4, 2002 for medical and life insurance. Attached are her enrollment forms. Please send her new employee information and insurance cards as soon as possible. If you have any questions, please advise.

Thank you,

A handwritten signature in cursive script, appearing to read "Jeanne M. Fleming", is written over a horizontal line.

Jeanne M. Fleming
Sec-Treas.



[P.O. Box 942 • Frederick, MD • 21705-0942]

Group Insurance Enrollment Application

- ☒ New Enrollment ☐ Dependent Addition ☐ Re-Enrollment
☐ Address Change ☐ Disenroll ☐ Name Change
☐ Beneficiary Change ☐ Salary Change

For enrollment: Sections 1, 2, 3, 5 and 6 must be completed.
For disenrollment: Section 4 must be completed.

Effective Date
10-4-02

1. MEMBER INFORMATION					
Group Policy Number 27302		Social Security Number		Member Number	
Name (Last) Beauchemin		Name (First) Renee		Name (M) M	
Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Date Employed			
Street Address or P.O. Box Number 749 Fernwood Cir			Name of Employer Lawns Unlimited LTD		
City Bethany Beach DE		State DE		ZIP 19930	
Home Phone 443-309-0133		Business Phone (302) 645-5296			
2. EMPLOYEE and/or DEPENDENT COVERAGE INFORMATION (Dependents cannot be enrolled for coverage declined by Employee.)					
Occupation Office Manager		Class		Spouse's Name (Last) (First) (Middle)	
Coverage offered is limited to that selected by employee. Employee's Earnings: (Do not include overtime or bonus) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual		0		Date of Birth	
Employee Coverage Requested: <input checked="" type="checkbox"/> Basic Life and AD&D <input type="checkbox"/> Dental <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Weekly Disability <input type="checkbox"/> Other		2		Date of Marriage	
Dependent Coverage Requested: Spouse & Child(ren) <input type="checkbox"/> Life <input type="checkbox"/> Dental		0		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Spouse only <input type="checkbox"/> Life <input type="checkbox"/> Dental		3		First Eligible Child's Name (Last) (First) (Middle)	
Child(ren) only <input type="checkbox"/> Life <input type="checkbox"/> Dental		0		Date of Birth	
		3		Student over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		0		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		4		Second Eligible Child's Name (Last) (First) (Middle)	
		0		Date of Birth	
		0		Student over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		0		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		5		Third Eligible Child's Name (Last) (First) (Middle)	
		0		Date of Birth	
		0		Student over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		0		<input type="checkbox"/> Male <input type="checkbox"/> Female	
3. BENEFICIARY DESIGNATION (Only if applying for Life Insurance.)					
Name		Relationship		% of Basic Life	
<input checked="" type="checkbox"/> Primary		Scott Butz		boyfriend	
<input type="checkbox"/> Secondary		Darlene Bizzo		mother	
<input checked="" type="checkbox"/> Primary				50	
<input type="checkbox"/> Secondary				50	
<input type="checkbox"/> Primary					
<input type="checkbox"/> Secondary					
<input type="checkbox"/> Primary					
<input type="checkbox"/> Secondary					
4. DISENROLLMENT FOR EMPLOYEE AND/OR DEPENDENT					
Employee's Name (Last) (First) (M)		Last Day of Coverage		01 Reason Code	
Spouse's Name (Last) (First) (M)		Last Day of Coverage		02 Reason Code	
Child's Name (Last) (First) (M)		Last Day of Coverage		03 Reason Code	
Enter reason code(s) in box(es) at left: 1. Changed employment 2. Deceased 3. Dissatisfied 4. No longer eligible 5. Other insurance					
Coverage from which disenrollment is requested: (Check all that apply) <input type="checkbox"/> Basic Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Weekly Disability <input type="checkbox"/> Dental <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Dependent Life <input type="checkbox"/> Other					
5. OTHER INSURANCE INFORMATION (DENTAL COVERAGE ONLY)					
Will this coverage replace any existing dental insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, prior plan name					
Do you or any family member have other dental insurance that will be in effect at the same time as your MLH policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Dental Insurance Company					
Phone Number					
Policy Number					
In the past seven years have you or any family member been treated for dental injuries from an accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
6. CONDITIONS OF ENROLLMENT					
I authorize any licensed physician, hospital, or health care provider to furnish MAMSI Life and Health Insurance Company with such medical information about myself and any eligible dependents listed, as may be required to establish my eligibility for coverage. For purpose of this application, this authorization shall remain effective for a period of thirty months from the date this authorization is signed. For the purpose of collecting information in connection with a claim for benefits, this authorization shall remain in effect for the term of the insurance coverage. Please be advised that you, a person authorized to act on behalf of you, or your authorized representative is entitled to receive a copy of this authorization form. I certify that the information provided above is true and correct to the best of my knowledge. I understand that my coverage and benefits may be affected by failure to provide complete and accurate information.					
Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any Insurance company, files a statement of claim containing any false, incomplete or misleading information may have violated State law.					
Signature Renee Beauchemin		Group Authorization Signature Jeanne M. Fleming		Date 11/4/02	

OPTIMUM
CHOICE
PREFERRED

A MAMSI Health Plan

OPTIMUM
CHOICE
PREFERRED

A MAMSI Health Plan

☒ NEW ENROLLMENT☐ Dependent Addition☐ Re-Enrollment☐ Disenroll☐ Special Enrollment (Must complete Special Enrollment Questionnaire)☐ Address Change☐ PCP Change☐ Conversion☐ Name Change☐ COBRA

First Date on COBRA

END DATE

Select Your Primary Care Dentist

P.O. Box 941
Frederick, MD 21705-0941

MEMBER INFORMATION

Social Security Number		Group Number		Effective Date		Member Number	
[REDACTED]		[REDACTED]		11-4-02		[REDACTED]	
Name (Last)		First		Middle		Street Address or P.O. Box Number	
Beauchemin		Renee		M		749 Forward Circle	
Birth Date		Sex		Previous Membership in OCI?		City	
1-1-76		F		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Bethany Beach	
Name of Employer		Date Employed		Spouse's Social Security Number		Marital Status	
[REDACTED]		10-25-02		[REDACTED]		<input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Home Phone		Business Phone		E-Mail Address			
(443) 344-0133		(301) 445-5296		RMBauchemin@aol			
Select Your Primary Care Physician				Are you a current patient of this Physician?			
Edwin Castaneda				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

DEPENDENT INFORMATION

Select a Primary Care Physician from the list provided (a different doctor may be selected for each person). Note: All unmarried children ages 19-23 must be full-time students or permanently disabled to be eligible for coverage. (Attach additional sheets if needed.) Primary Care Physician changes submitted before the 20th of the month will be effective the first of the following month. Please fill in the shaded areas with the Physician code listed in the Provider Directory.

0	Spouse's Name (Last)		(First)	Date of Birth	If adding a spouse please give date of marriage:	
2	OCI Primary Care Physician Name				Are You a Current Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
0	First Eligible Child's Name (Last)		(First)	Social Security Number	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled
3	OCI Primary Care Physician Name				Are You a Current Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
0	Second Eligible Child's Name (Last)		(First)	Social Security Number	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled
4	OCI Primary Care Physician Name				Are You a Current Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
0	Third Eligible Child's Name (Last)		(First)	Social Security Number	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled
5	OCI Primary Care Physician Name				Are You a Current Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYEE AND/OR DEPENDENT REMOVAL FROM HEALTH PLAN

Employee's Name (Last)	(First)	(M)	Last Day of Coverage	01	Reason Code	Enter reason code (s) in box(es) at left: 1. Changed employment 2. Moved from area 3. Deceased 4. Dissatisfied 5. No longer eligible 6. Other insurance
Spouse's Name (Last)	(First)	(M)	Last Day of Coverage	02	Reason Code	
Child's Name (Last)	(First)	(M)	Last Day of Coverage	0-	Reason Code	

*Preferred coverage provided through MAMSI Life and Health Insurance Company.

049248-06590E

OTHER INSURANCE INFORMATION

Do you or any OCI family member have other health insurance that will be in effect at the same time as your OCI Policy? ☐ Yes ☒ No

Health Insurance Company

Phone Number

Policy Number

In the past ten years have you or any family Member been treated for injuries from an accident? ☒ Yes ☐ No

Do you or any OCI family member have Medicare?

☐ Yes ☒ No If yes, Medicare number:

CONDITIONS OF ENROLLMENT

I hereby apply for membership in the Health Plan for myself and for any eligible dependents listed, and authorize my employer to make deductions, if any, required as my contribution for the premium. I agree, for myself and for any eligible dependents listed, to abide by the rules and regulations of the Health Plan.

I authorize any licensed physician, hospital, or health care provider to furnish the Health Plan with such medical information about myself and any eligible dependents listed, as may be required. For purpose of this application, this authorization shall remain effective for a period of thirty months from the date this authorization is signed. For the purpose of collecting information in connection with a claim for benefits, this authorization shall remain in effect for the term of the HMO coverage. Please be advised that you, a person authorized to act on behalf of you, or your authorized representative is entitled to receive a copy of this authorization form. I certify that the information provided above is true and correct to the best of my knowledge. I understand that my coverage and benefits may be affected by failure to provide complete and accurate information.

I also authorize the Health Plan to release personal health information on myself and for any eligible dependents listed, including medical records, claims, benefits and other administrative data that are personally identifiable, to organizations outside the Health Plan for the purpose of developing disease management, quality measurement or clinical programs, payment of reinsurance claims, for research or measurement purposes such as the development of reimbursements to providers or premium rates for employer groups. This authorization shall remain in effect for the term of the insurance coverage or until I revoke this authority.

Renee Beauchemin 11/4/02
Signature Date
Kearna M. [REDACTED]
Group Authorization 10 01 04 720 3/00

A244

D00012

Performance Appraisal

Employee Name Renee Beauchemin Title _____

Department _____ Employee Payroll # _____

Reason for Review ☐ Annual ☒ Promotion ☐ Unsatisfactory Performance
☐ Merit ☒ End of Probation Period ☐ Other _____

Date employee began present position 9/4/02 Date of last appraisal N/A Scheduled appraisal date 10/16/02
Permanent at Harris Univ.

Instructions: Carefully evaluate employee's work performance in relation to current job requirements. Check rating box to indicate the employee's performance. Indicate N/A if not applicable. Assign points for each rating within the scale and write that number in the corresponding points box. Points will be totaled and averaged for an overall performance score.

Definitions of Performance Ratings

O – Outstanding – Performance is exceptional in all areas and is recognizable as being far superior to others.

V – Very Good – Results clearly exceed most position requirements. Performance is of high quality and is achieved on a consistent basis.

G – Good – Competent and dependable level of performance. Meets performance standards of the job.

I – Improvement Needed – Performance is deficient in certain areas. Improvement is necessary.

U – Unsatisfactory – Results are generally unacceptable and require immediate improvement. No merit increase should be granted to individuals with this rating.

N/A – Not Applicable or too soon to rate.

General Factors	Rating	Scale	Points	Supportive Details or Comments
1. Quality – The extent to which an employee's work is accurate, thorough and neat.	O <input checked="" type="checkbox"/> V <input type="checkbox"/> G <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/>	100-90 89-80 79-70 69-60 Below 60	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Points</div>	<u>Accurate to the extent</u> <u>you've been taught. Thorough</u> <u>neat. Liked labels &</u> <u>envelopes typed if time allow</u>
2. Productivity – The extent to which an employee produces a significant volume of work efficiently in a specified period of time.	O <input checked="" type="checkbox"/> V <input type="checkbox"/> G <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/>	100-90 89-80 79-70 69-60 Below 60	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Points</div>	<u>Mind always on job.</u> <u>Great productivity.</u>
3. Job Knowledge – The extent to which an employee possesses the practical/technical knowledge required on the job.	O <input type="checkbox"/> V <input checked="" type="checkbox"/> G <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/>	100-90 89-80 79-70 69-60 Below 60	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Points</div>	<u>Possess great knowledge for</u> <u>job, esp. on computers &</u> <u>accounting. Just a matter of</u> <u>learning R.U. routine totally</u>
4. Reliability – The extent to which an employee can be relied upon regarding task completion and follow up.	O <input checked="" type="checkbox"/> V <input type="checkbox"/> G <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/>	100-90 89-80 79-70 69-60 Below 60	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Points</div>	<u>Very reliable.</u>
5. Availability – The extent to which an employee is punctual, observes prescribed work break/meal periods and has an acceptable overall attendance record.	O <input checked="" type="checkbox"/> V <input type="checkbox"/> G <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/>	100-90 89-80 79-70 69-60 Below 60	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Points</div>	<u>Usually - mostly punctual.</u> <u>always reliable & readily</u> <u>available to stay late.</u> <u>anyone for 7:00?</u>
6. Independence – The extent to which an employee performs work with little or no supervision.	O <input checked="" type="checkbox"/> V <input type="checkbox"/> G <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/>	100-90 89-80 79-70 69-60 Below 60	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Points</div>	<u>Little supervision.</u>

General Factors	Rating	Scale	Points	Supportive Details or Comments
7. Creativity – The extent to which an employee proposes ideas, finds new and better ways of doing things.	O <input checked="" type="checkbox"/> V <input type="checkbox"/> G <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/>	100-90 89-80 79-70 69-60 Below 60	<div style="border: 1px solid black; width: 50px; height: 50px;"></div>	Implements new ideas makes things more organized keeps on top of things.
8. Initiative – The extent to which an employee seeks out new assignments and assumes additional duties when necessary.	O <input checked="" type="checkbox"/> V <input type="checkbox"/> G <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/>	100-90 89-80 79-70 69-60 Below 60	<div style="border: 1px solid black; width: 50px; height: 50px;"></div>	Takes initiative when something needs done - doesn't hesitate to keep on top of things & finds things to do.
9. Adherence to Policy – The extent to which an employee follows safety and conduct rules, other regulations and adheres to company policies.	O <input type="checkbox"/> V <input checked="" type="checkbox"/> G <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/>	100-90 89-80 79-70 69-60 Below 60	<div style="border: 1px solid black; width: 50px; height: 50px;"></div>	Great.
10. Interpersonal Relationships – The extent to which an employee is willing and demonstrates the ability to cooperate, work and communicate with coworkers, supervisors, subordinates and/or outside contacts.	O <input checked="" type="checkbox"/> V <input type="checkbox"/> G <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/>	100-90 89-80 79-70 69-60 Below 60	<div style="border: 1px solid black; width: 50px; height: 50px;"></div>	Cooperates extremely well. Gets along well with work associates & guys. Does what is asked of employer.
11. Judgment – The extent to which an employee demonstrates proper judgment and decision-making skills when necessary.	O <input checked="" type="checkbox"/> V <input type="checkbox"/> G <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/>	100-90 89-80 79-70 69-60 Below 60	<div style="border: 1px solid black; width: 50px; height: 50px;"></div>	Very mature good judgement, experienced with customers & people. Good w/ decisions.

Rate employee's overall performance in comparison to position duties and responsibilities.

Total Points ÷ Number of Factors Rated = Overall Rating

<input checked="" type="checkbox"/> Outstanding	100 - 90%
<input type="checkbox"/> Very Good	89 - 80%
<input type="checkbox"/> Good	79 - 70%
<input type="checkbox"/> Improvement Needed	69 - 60%
<input type="checkbox"/> Unsatisfactory	Below 60%

Complete all of the following sections.

- Accomplishments or new abilities demonstrated since last review Just to learn the overall scope of the business and year-round routine.
- Specific areas of needed improvement Take time for lunch. Not improvement but office managers to see whole scope of employees & office is on task. Radios, answer
- Recommendations for professional development (seminars, training, schooling, etc.) Anything you Renee see fit.
- Absences: Number of incidents 1 - very ill Number of days _____

Employee Comments

Discussed with individual on ____/____/____

Employee's Signature* _____

* If employee disagrees with the appraisal, he/she may attach appropriate comments.

Follow-up requested/desired ☐ Yes ☐ No

Follow-up Date ____/____/____

Evaluator's Signature _____ Date ____/____/____



Call toll free 1-800-999-9111 to reorder Performance Appraisal #R5A-0512 B
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JOB DUTIES - OFFICE MANAGER

1. Motorola radio dispatch
2. Domestic tidying of office - cleaning of office or seeing that it is done, water plants, etc.
3. Completion of day, all files and work put away, desk cleaned off.
4. Completion and start of day, turn all machines on and off, lights, air conditioning, heat, answering machine, copier, time clock.
5. Keep up to date Gross receipts journal.
6. Make deposits daily, collect mail at post office, run small errands, office supplies, etc. with use of personal car
7. Pay all Lawns Unlimited bills accurately and on time.
8. Keep general journal sheets categorized, totalled, balanced and reconciled as each sheet is completed.
9. Answer phone, dispatch messages to employees.
10. Take work orders, estimates on phone & enter in computer.
11. Handle all estimates, work orders, invoices, statements, reports, etc. everything on computer.
12. Handle purchase orders, inventories.
13. Responsible for all computer work, bookkeeping, accounts payable/receivable, quarterly reports, Y/E tax accounting for CPA, W-2's, bank reconciliations.
14. Typing all proposals, letters, correspondence, etc.
15. Keep up rolodex to date (typed cards)
16. Balance and keep up petty cash.
17. Responsible for going over Daily Work Sheets with employees at end of day organizing and recording and billing chargeable time from them and organizing for Ed for payroll by Wednesday of each week.
18. Figuring and writing payroll checks weekly.
19. Going over time cards.
20. Abide by company policy.
21. Neat, clean appearance, no jeans or shorts in office.
22. Keep Ed and Jeanne abreast daily and weekly before leaving office of any message, daily accomplishments, etc.
23. Implement use of payroll, general ledger, accounts payable and inventories on computer.



JOB DUTIES - OFFICE MANAGER - CON'T.

24. Periodically or as necessary maintenance and clean all office equipment, copiers, typewriters, etc.
25. Assist Ed in keeping his desk organized and files.
26. Filing
27. Work up monthly minutes for corporate book.
28. Open mail, distribute, organize, answer any necessary correspondence.
29. Assist walk-in customers, sales reps, employees etc.
30. Enter payments and billings in computer.
31. Word processing, type letters

*Remain plan
offered after 1 year
of full time employment*

BENEFITS:

6 Paid Holidays: Memorial Day
4th of July
Labor Day
Thanksgiving
Christmas
New Years

Vacation: one week after 1 year of service
" 2 years of service
two weeks after 3 years of service

or Unpaid vacation by approval

Preferrably vacations taken during
slack time or off season.

Sick Days: 3 Paid Sick Days

Medical Insurance & Life Insurance:
50% paid by Employer
50% paid by Employee

paid on employee

LAWNS UNLIMITED LTD.
EMPLOYEE POLICY

It is the intent of this Company to provide each employee of Lawns Unlimited Ltd. with a written guideline of acceptable and non-acceptable acts, actions, and behavior during their employment by Lawns Unlimited Ltd. It is to be understood that this Employee Policy is not limited to those acts, actions and behavior described herein, but rather, each employee's conduct will, at all times, be in the best interest of Lawns Unlimited Ltd. Any act, action or behavior considered by Lawns Unlimited Ltd. not to be in the best interest of Lawns Unlimited Ltd. will be subject to disciplinary action. It is understood that this disciplinary action will be at the discretion of the president of Lawns Unlimited Ltd. and may include termination of employment.

1. Consumption of any alcoholic beverage is prohibited prior to or during company business hours, or while on company property, at a jobsite, or in company equipment, either on or off work.

2. Use of drugs or any mind-altering device is prohibited prior to or during business hours, or while on company property, at/to a jobsite or in company equipment, either on or off work. Use of drugs by prescription of a licensed physician is permissible only if prior notice and written clearance is obtained from the president of Lawns Unlimited Ltd.

3. Smoking cigarettes is prohibited in all company vehicles, office and shop, on and off work. Smoking will be allowed only at designated lunch or break periods.

4. Misuse or damage to company property, at any time is prohibited. Any damage to company property resulting from misuse shall be the sole responsibility of that employee, and Lawns Unlimited Ltd. shall be held harmless in all cases. Therefore, such damage, replacement or repair will be charged to employee.

5. Absolutely and under no circumstances, will an employee without a valid driver's license be allowed or authorized to drive or operate any Lawns Unlimited Ltd. vehicles either on or off company time. If any employee chooses to drive their own vehicles or anyone else's without a valid driver's license, on or off work, it is the sole responsibility of that employee; Lawns Unlimited Ltd. assumes no responsibility.

6. Personal use of company equipment, vehicles or property is prohibited at all times.

7. Absenteeism - Normal business hours are 7:00 a.m. through 5:30 p.m. Each employee is expected to be at the designated work place at those times and prepared to perform their assigned duties. In the event the employee is unable to attend work for that business day, the employee is required to telephone his supervisor at least one hour prior to the start of business for that day. Any absenteeism that involves more than three days will require a doctor's note prior to returning to the work place. Unless the employee has made previous arrangements with the President of Lawns Unlimited Ltd. and those arrangements are in writing and signed by the President of Lawns Unlimited Ltd., those employees will not receive wage compensation for those missed days.

8. Tardiness/Lateness - Unexcused tardiness will not be tolerated. Any employee failing to arrive to and be prepared for work in a timely manner will receive a verbal warning. On the second offense, the employee shall receive a written warning. Any unexcused tardiness thereafter shall result in immediate termination of employment.

9. Appearance - Each employee will arrive at and maintain during the work day a neat, clean appearance. If uniforms are provided, it is the employee's responsibility to keep the items clean and pressed at all times. Sloppy, dirty and unclean employees will not be tolerated. Following two warnings by Lawns Unlimited Ltd., employment may be terminated. Denim jeans or shorts will not be accepted as part of any office employee's attire.

10. Language - At no time will any abusive, profane, obscene or indecent language or gestures be permitted. Such action shall result in immediate termination.

11. Records/Recordkeeping - Each employee is required to complete his respective time and daily worksheets each day. Those sheets are to be turned into the employee supervisor and, in turn, the employee supervisor will turn the completed daily worksheets into the office manager at the close of each business day. Failure to do so will cause withholding of wages for that day during that pay week; those wages will be paid on the regular pay day for the following pay week, but only after receipt of the completed daily worksheet or sheets. In case of withholding any wages for this reason, for purposes of determining whether an employee is entitled to overtime wages, hours of labor for the

week are calculated on the basis of when performed, not when paid.

12. Paid Travel - Lawns Unlimited Ltd. provides a maximum of 1/2 hour paid travel time to the work place from the Lawns Unlimited Ltd. current place of business (shop). ~~Time incurred returning to the shop or home begins at normal business closing time and is not paid for by Lawns Unlimited Ltd.~~ Misuse of this time allowance may result in employee termination.

13. Wages - Lawns Unlimited Ltd. will set the respective wages with each employee. Discussion with other employees regarding their wages is prohibited.

14. Probation - Each employee when hired will work under a six-month probationary period at the beginning of (or rehiring of) their employment with Lawns Unlimited Ltd.

15. Criminal Activities - Any employee convicted of any crime during employment of Lawns Unlimited Ltd. which, in the sole discretion of Lawns Unlimited, Ltd. bears on that employee's credibility or trustworthiness or otherwise adversely affects Lawns Unlimited Ltd. shall be terminated.

16. Falsification - Any employee that falsifies any business records, applications, or other documents in connection with their employment shall be terminated.

17. Overtime - Overtime will only be allowed when necessary and only when approved in advance by Lawns Unlimited Ltd. supervisors or President in writing, signed by that supervisor or President.

18. Benefits - Lawns unlimited Ltd. is responsible to provide compensation for work performed. Any arrangement beyond that compensation must be in writing and signed by the President of Lawns Unlimited Ltd.

19. Confidential Information - All information of Lawns Unlimited Ltd. designated or treated as proprietary and/or confidential will remain the confidential property of Lawns Unlimited Ltd. and will not be discussed outside of work or disclosed to anyone. Violation of this confidentiality may result in termination.

20. Termination - Any Lawns Unlimited Ltd. employee wishing to terminate his employment with Lawns Unlimited Ltd. will be required to give no less than two weeks notice.

21. Work Week - The Lawns Unlimited Ltd. work week begins on Monday and ends on Sunday. Overtime is calculated at over 40 hours per week for hourly employees only. The week ends on Sunday and paychecks for that week are distributed the following Friday at 5:00 p.m. At no time will paychecks be distributed earlier unless Friday falls on a holiday in which case the paychecks will be distributed on Thursday at 5:00 p.m.

22. Lunches - Each employee is asked to bring a sack lunch unless they have their own personal transportation from the jobsite to lunch. A 30-minute lunch is designated from 12:00 noon to 12:30 p.m. daily for employees on a jobsite. All these employees will automatically be charged with a 30-minute lunch. Office employees lunch period is designated from 12:00 noon to

1:00 p.m. daily. It is prohibited to take company vehicles to lunch and is grounds for immediate termination.

23. Business - Other than their employment with Lawns Unlimited Ltd. it is prohibited for any employee to work for compensation on doing lawn work or work associated with lawns, which is considered a conflict of interest. Any employee doing so will automatically be terminated.

24. Sick Pay/Time Off - Salary employees: It is understood that from time to time, time off will be necessary - following approval from the owners, this time will be allowed. It is important to note that the owners of Lawns Unlimited require any and all medical and or personal appointments be conducted during lunch time or off business hours whenever possible. Abuse of time off will not be tollerated. If necessary to be off work for doctors appointments, sickness or immediate relatives funeral (ex. mother, father, wife, daughter, son, brother, sister, grandmother, grandfather) will be compensated for by Lawns Unlimited after approval from owners. A maximum number of paid days off will be 3 days/year. Any days off over the allowed amount will be deducted from employees salary. Likewise any personal time off (or unapproved time - not in writing by owners of Lawns Unlimited) will be automatically deducted from employees salary. Being off work for any other reasons other than those listed above are considered unexcusable and will not be compensated for/ Hourly employees: Hourly employees are paid only for actual hours worked and therefore not paid for sick days, or any personal or medical time off.

25. Employee recognizes the very personal nature of Employer's business and agrees to the following covenants with respect to competition:

(a) Employee acknowledges that the Employer has been required to train and to continue to train Employee with respect to its business and to impart to his confidential information and knowledge about its business policies, accounts, procedures and methods. He acknowledges that such policies and the like have been developed at considerable expense in terms of time, money and experience to the Employer. The nature of the business is such that the relationship of the customers or clients with the Employer must be maintained through the close personal contact of its representatives.

(b) The Employee agrees that by virtue of his employment, he will become familiar with and possessed of the manner, methods, secrets and confidential information pertaining to Employer's business and with the names and lists of its customers and clients. He further acknowledges that he will continue to receive additional confidential information of the same kind.

(c) In consideration of the employment and continued employment of Employee, and the training of and disclosure to him of the knowledge and information described above, that the covenants in this paragraph and in this agreement are required for the fair and reasonable protection of the Employer and that without the limited restrictions on his activities imposed by the covenants in this Agreement, the Employer's business would suffer irreparable and immeasurable damage. Accordingly, the covenants in this paragraph shall be construed as an Agreement independent of any other provision of this Agreement and the existence of any claim or course of action whether predicated on this Agreement or otherwise shall not constitute a defense to the enforcement by Employer of the said covenants.

(d) Employee does expressly covenant and agree that during the term of his employment, and for a period of three (3) years thereafter, he will not within the territory defined hereafter, directly or indirectly, for himself or on behalf of others, as an individual in his account, or as an employee, agent or representative for any person, partnership, firm or corporation solicit orders or plans for projects of the same kind and nature as the Employer regardless of whether it is institutional or industrial, commercial or private and residential; contact for the purposes of diverting any of the clients or customers of Employer, or own, manage, control, operate, or participate in the

ownership, management, or control, or engage as a sales or design representative of any business, regardless of how constituted which engages in any phase of the business described in this Agreement.

(e) The territory referred to in this section shall include that area comprising a fifty (50) mile radius from the cities of Rehoboth, Delaware, Lewes, Delaware, and Fenwick Island, Delaware or any other place the Employer shall have a place of business.

(f) Employee agrees that during the period of his employment and during the three year period thereafter, he will not use, give or divulge to any person, firm or entity anywhere who is not then an authorized employee of Employer, any trade secrets, customer lists, price lists, or other specialized information or data learned, acquired, or coming to her knowledge while in the employ of the Employer.

26. Employee agrees not to attempt to induce any other employee of Employer to leave their employ or by any other effort to interfere with the Employer's relationship with any other employees and that to do so would be harmful and damaging to the Employer. The Employee further agrees that the covenant expressed in this paragraph shall continue for a period of three years (3) after the termination of his employment.

27. Loans/Advances - There will be absolutely no company or personal loans or advances given to the employees.

Holidays - Holidays will be designated each year by Lawns Unlimited Ltd. at the beginning of the year. Hourly employees are paid only for actual hours worked and therefore not paid for holidays, but will be given those days off. (See attached list of holidays.)

By signing this Employee Policy you agree you have read or have had it read to you in its entirety and fully understand and agree with items above and will hold to its contents.

Employee's Name

Employee Signature

Date